

# NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification# <i>2016.0210-38830</i>	
I. Type of Notification (O = Original R = Revised C = Cancelled) <b>O</b>				
II. FACILITY INFORMATION (identify owner, removal, contractor, and other operator)				
OWNER NAME: <b>DORMITORY AUTHORITY STATE OF NEW YORK</b>				
Address: <b>515 BROADWAY</b>				
City: <b>ALBANY</b>	State: <b>NY</b>	Zip: <b>12207</b>		
Contact: <b>MARK MORAN</b>		Tel: <b>(518) 257-3313</b>		
REMOVAL CONTRACTOR: <b>AGA ENVIRONMENTAL</b>				
Address: <b>23 SHEER PLAZA</b>				
City: <b>PLAINVIEW</b>	State: <b>NY</b>	Zip: <b>11803</b>		
Contact: <b>GILBERTO PADILLA</b>		Tel: <b>(516) 420-0001</b>		
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=RENOVATION E=EMER Renovation) <b>Asbestos Removal</b>				
IV. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>				
V. FACILITY DESCRIPTION (include building name, number and floor or room number)				
Bldg. Name: <b>QUEENS COLLEGE</b>				
Address: <b>66-60 Kissena Boulevard</b>				
City: <b>Flushing</b>	State: <b>NY</b>	County: <b>QUEENS</b>		
Site Location: <b>COLDEN HALL BASEMENT MECHANICAL ROOM, ROOF COOLING TOWER &amp; 1<sup>ST</sup> FLOOR WORKSHOP</b>				
Building Size:	# of Floor: <b>--</b>	Age in Years:		
Present Use: <b>COLLEGE</b>	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>MATERIAL: BULK SAMPLING</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Non-friable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
WIRE INSULATION IN CONDUITS				Ln Ft: <b>600</b> Ln M:
Surface Area -GASKETS, ARC SHIELDS, BAKELITE PARTITION, INSULATORS, WATERPROOFING				Sq. Ft: <b>169</b>
Vol RACM Off Facility Component				Cu. Ft:    Cu M:
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)				
Start: <b>2-29-16</b>		Complete: <b>6-30-16</b>		
IX. SCHEDULE DATES DEMO/RENOVATION (MM/DD/YY) start:    Complete:				

**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:**

Large project remote personal/waste decontamination unit will be built and remain until the end of the project. All work will be performed following NYSDOL CODE RULE 56 rules and regulations. ACM to be wetted before during and after removal. All ACM will be double bagged in asbestos identified bags and a generator label will be applied.

**XII. WASTE TRANSPORTER 2A456**

**Name:** TRI-STATE TRANSFER ASSOCIATES, INC.

**Address:** 199 RANDALL AVENUE

**City:** BRONX

**State:** NY

**ZIP:** 10474

**Contact Person:** RON FINK

**Telephone:** 718-617-0771

**XIII. WASTE TRANSPORTER #1A1101 XXXXXXXXXXXXXXXXXXXX PA-579**

**Name:** AGA ENVIRONMENTAL, INC. XXXXXXXXXXXXXXXXXXXX ARSENBERGER TRUCKING, CO.

**Address:** 23 SHEER PLAZA XXXXXXXXXXXXXXXXXXXX 681 MILL RUN ROAD

**City:** PLAINVIEW XXXXX MILL RUN

**State:** NY XXXXX PA

**ZIP:** 11803 XXXXX 15464

**Contact Person:** GILBERTO PADILLA XXXXXX  
ROBERT ARSENBERGER

**Telephone:** 516 420-0001 XXXXX (724) 455-2826

**XIII. WASTE DISPOSAL SITE**

**Name:** MINERVA ENTERPRISES

**Address:** 9000 MINERVA ROAD

**City:** WAYNESBURG

**State:** OH

**ZIP:** 44688

**Telephone:** 330-866-3435

**XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW**

**Name:** **Title:**

**Authority:**

**Date of Order (MM/DD/YY):**

**Date Order to Begin (MM/DD/YY):**

**XV. FOR EMERGENCY RENOVATIONS**

**Date and Hour of Emergency (MM/DD/YY):**

**Description of the Sudden, Unexpected Event:**

**Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:**

**XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLE, PULVERIZED, OR REDUCED TO POWDER:**

**XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THE PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL HOURS. (Required 1 year after promulgation).**

Signature of Owner/Operator

FEBRUARY 9, 2016

Date

**XVIII. I CERTIFIED THAT THE ABOVE INFORMATION IS CORRECT.**

FEBRUARY 9, 2016

Signature of Owner/Operator

Date